

NEWTON PARKS AND RECREATION DEPARTMENT
2015 SPRING SWIM TEAM REGISTRATION FORM

Swimmer's Name: _____ DOB _____

Swimmer's Name: _____ DOB _____

Swimmer's Name: _____ DOB _____

Swimmer's Name: _____ DOB _____

Street	City	Zip
--------	------	-----

PHONE: _____

CELL: _____

(For emergency use only)

E-MAIL: _____

(For Newton Bluefish, LLC swim team use only - print clearly)

Parental Consent Release from Liability and Indemnity for participation in the P & R Swim Team Program.

I/We, the undersigned father and mother, or guardian(s) of _____ a minor, do hereby consent to his/her participation in, the Newton Parks and Recreation Department and Newton Bluefish LLC, swim program. I/We forever RELEASE, acquit, discharge and covenant to hold harmless the City of Newton, a municipal corporation of the Commonwealth of Massachusetts and its successors, departments, officers, employees, servants and agent, of and from any and all actions, caused of action, claims, demands, damages, cost, loss of services, expenses and compensation on account of, or in way out of, directly or indirectly, all known and unknown personal injuries or property damages which I/We may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her

participation in the Swim Team Program. FURTHERMORE, I/We hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any and all claims for damages, compensation or otherwise on the part of said minor growing out of, or resulting from, injury to said minor in connection with his/her participation in the Swim Team Program and to INDEMNIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, the City of Newton or its representatives may have to pay if any litigations arise from said minor's participation in the Swim Team Program.

Signature of Parent or

Guardian: _____ Date _____

THIS FORM MAY NOT BE ALTERED

Please list any medical problems that your son/daughter may have that the Coaches or the Newton Parks and Recreation Department should be aware of:

This form must be **fully** completed and signed before your child can participate in the swim team program.

If you are a new member, have you been a member of any other swim team? If so, name of team and length of membership.

Pictures may be posted on the team website only. If you agree to have your swimmer's pictures posted, please sign below.

NEWTON PARKS AND RECREATION DEPARTMENT
2015 SPRING SWIM TEAM REGISTRATION FORM

**Age is based on swimmer's birth date as of
03/01/15.**

8 & under – Monday 7:00-7:35 & Wednesday 7:00 –7:45 p.m.

9 & 10 – Tuesday and Thursday 7:00 – 7:50 p.m.

11 & 12 - Monday 7:35 – 8:15 & Wednesday 7:45 – 8:50 p.m.

13 & 14 – Monday 8:15 – 9:00 and Thursday 7:50 – 9:00

Mondays – March 30, April 6, April 13, May 4

Tuesdays – April 7, April 14, April 28, May 5

Wednesdays – April 1, April 8, April 15, April 29, May 6

Thursdays – March 26, April 9, April 16, April 30, May 7

APPLICATION DEADLINE IS MARCH 20, 2014

**Please send completed registration with appropriate fee by
March 20th to Newton Bluefish LLC, C/O Mary & Scott
Pohlman, 3 Proctor Street, Newton, MA 02460.**

Make check payable to Newton Bluefish LLC.
“NO REFUNDS”

_____ **\$100 each child**

_____ **\$50 Program Fee - (If not a member of the winter
2014/2015 swim team)**

_____ **\$25 Program Fee – for winter swim team members**

\$_____ Total payment due